

New Address Application Form Instructions

A. Information on the property for which an address is requested:

Please complete the application in its entirety. An omission can cause a delay in processing.

Check the appropriate box.

1. Indicate any existing number(s) to the property.
2. Indicate the street number requested for the subject property. If you do not have a preference, we will furnish an appropriate number.
3. If there is a pre-direction to the street name, insert in it this box, i.e. "North" is a pre-direction in North Capitol Street.
4. Insert the street name. The applicant can name only private streets. All public streets must be approved by the Council of the District of Columbia according to the District of Columbia Code 1995 Replacement Volume 4A, Chapter 7, Section 7-455.
5. Insert the street suffix, e.g., Street, Ave., Place, Road, etc.
6. Insert post direction as per rear, i.e., 123 Rear Front Street.
7. Insert the Lot Number of the property.
8. Insert the Parcel Number, if any, of the property.
9. Insert the Ward Number, i.e., 1, 2, etc.
10. Insert the Zone Number
11. Insert the Suite or Apartment Number.
12. Insert the Advisory Neighborhood Commission (ANC) Number.
13. Insert the Zip Code.
14. Indicate the use of the building, e.g., office, residential, etc.

B. *Owner's Information:*

15. Insert your Name.
16. Insert your Address.
17. Insert the Suite or Apartment Number.
18. Insert the City.
19. Insert the State.
20. Insert your Zip Code.
21. Insert your Telephone Number.
22. Insert your Fax number, if any.
23. Insert your E-mail Address, if any.

C. *Contact person, if different from the owner's name:*

24. Insert a Contact Name, if different from the owner's name in Section B.
25. Insert Address of the contact person.
26. Insert the Suite or Apartment Number.
27. Insert the City.
28. Insert the State.
29. Insert the Zip Code.
30. Insert the Telephone Number.
31. Insert the Fax Number, if any.
32. Insert the E-mail Number, if any.

The Department of Consumer and Regulatory Affairs

Building and Land Regulation Administration/ The Permit Center.

941 North Capitol Street N.E 2ND fl., Room 2100

Washington D.C 20002

Fax #202/442-4862

Office #202/442-4533

E-mail lennox.douglas@dc.gov

Att. Lennox E. Douglas, Chief.

INFORMATION AND REQUIREMENTS FOR REQUESTS OF NEW ADDRESSES

All new address(es) shall be requested by completing application form #165 in its entirety:

All requested new address(es) shall be made by completing the address request application for the subject property or properties.

- \$ A detailed site plan, shall be submitted identifying the location(s) of the specified lot(s) and building(s). The identified building(s) must identify the street frontage of the main entrance. On the said site plan indicate the two adjacent addresses, above and below the subject lot(s), and all pertinent cross streets.
- \$ The site plan is exempted for all two family flats requesting an individual address per flat, however, a copy of the existing Certificate of Occupancy must accompany the application form for proper review and processing.

Note:

Please list your request for multiple addresses on a separate sheet of paper identifying the individual lots and corresponding addresses (If any).e.g

Lot: 0078	Requested Address 3700 Anywhere Place N.E
Lot: 0079	3702 Anywhere Place N.E etc.

- \$ No official address(es) shall be assigned to any lot(s) that has not satisfied all of the requirements of the District of Columbia Surveyors Office.
- \$ No official address(es) shall be assigned to any public street(s), the name of which has not been approved by the D.C City Council. See the District of Columbia Code 1995 replacement Volume 4A, Chapter 7, Section 7 - 455.
- \$ When a principal building has no street frontage, all zoning requirements as per the District of Columbia Municipal Regulations Title 11 AZoning@ Article 25, Section 2516.5 shall be met and approved before an address can be assigned.
- \$ Review of all submitted applications shall be five to ten working days with an additional fifteen days for those properties that require site inspections.



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Fax #202/442-4862

Office #202/442-9475

BLRA 165

APPLICATION FOR NEW ADDRESS(ES)

☐ **Application is for:**

☐ *Change of existing address.*

☐ *Additional address to existing property.*

☐ *Correction to an existing address.*

☐ *New address/new subdivision.*

☐ *Address for a two (2) family flat.*

☐ *Other* _____

1. Existing No.	2. Pre-direction	3. Requested no.	4. Street name			5. Quad
1a. Existing No.	2a. Pre-direction	3a. Requested no.	4a. Street name			5a. Quad
6. Square No.		7. Suffix	8. Lot No.	9. Ward	11. Zone	12. Suite
13. ANC	14. Zip Code		15. Use of Bldg e.g. (office etc.)			
(B) OWNER INFORMATION						
16. Name			17. Address			18. Suite No.
19. City	20. State	21. Zip Code	22. Tel Phone No.	23. Fax. No.	24. E-mail	
(C) CONTACT PERSON (if different from B)						
25. Name			26. Address			27. Suite
28. City	29. State	30. Zip Code	31. Telephone No.	32. Fax No.	33. E-mail	

Signature

Date

info on reqd of adrs 1a.wpd
9/16/01